24066 FOR SHIPMENT OF HAZARDOUS SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761, 1 AND SPECIAL WASTE EASE TYPE (Form designed for use on elite (12-bitch) typew Manifest Document No **UNIFORM HAZARDOUS** WASTE MANIFEST TU LOO 3. Generator's Name and Mailing Address
USEPA Resion A. Illinois Manifest Document Number 6566730 FEE PAID IF APPLICABLE 77 W Jackon HSE-57 Chkago II 604 0H '24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS Generator's Transporter 1 Company Name C. Illinois Transporter's ID)art Trucking Co., Inc. D. (890) 54/-8206 Transporter's Phone 7. Transporter 2 Company Name E. Illinois Transporter's ID Transporter's Phone F. (9. Designated Facility Name and Site Address English Services of Idaho G. Illinois 10 US EPA ID Number Facility's H. Facility's Phone 800, 274-15K Musle Bere Kood 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number of Eme 12. Containers Total Unit Waste No. Wt/Vol No. Type Quantity R.a. Polychbrinated Biphenyls, 9, UN2315 (63) ERE #31 00 1 C MQQQ 13 Ε 0 ONTA--20 IVB SLICKS ON R BIFF-- ZLICKA PORTION HAZARDOUS MATERIALS AT RIGHT, TO BACKSIDE OF FOLD LABEL AT LINE, APPLY J. Additional Description for Materials Listed Above K. Handling Codes for Wastes Listed Above In Item #14 Service G = Gallons Y = Cubic Yards pecial Handling Instructions and Additional Information 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway & LAIL. according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; **OR**, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Date Date Printed/Typed Name Month Day 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year ひろみみつ 18. Transporter 2 Acknowledgement of Receipt of Materials NED 001 792 910 WSTD 17271001 Linui NOI BILLED UNION PACIFIC RAILROAD 1962 #1. Pg 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in 19 Month Day

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION C

STATE OF ILLINOIS

The Illinois Uniform Manifest must be used for all shipments of special waste (hazard ms and nonhazardous) stored, disposed of, treated or reclaimed in Illinois; and for all shipments originating in Illinois and destined for states that do not print and supply the form. PIMW (Petentially Infectious Medical Waste) requires a different manifest. For shipments not originating in Minets, if the generalor's state requires copies of the manifest, a photocopy of part 1 should be used.

INSTRUCTIONS TO GENERATORS (Please type)

- 1. Enter generator's USEPA twelve digit identification number and the unique five digit document number assigned to this Manifest (eg. 00001) by the generator.
- Enter total number of pages comprising this Manifest.
- Enter generation is different from mailing address. It location of waste generation is different from mailing address, enter location to the right of mailing address.
- Enter telephone number where an authorized agent of the generator, who has knowledge of the waste, may be reached in the event of an emergency.
- B. Enter the generator's Illinois EPA ten digit identification number.
- e generator's Illinois EPA ten digit identification number.

 For the first transporter who will transport the waste, enter the company name, US EPA ID number, Illinois EPA 5,6,C,D. four digit Spedial Waste Hauling (SWH) permit number, and telephone number where an authorized agent of the transporter may be reached in the event of an emergency.
- If applicable, enter the information requested for the second transporter who will transport the waste. 7,8,E,F.
- For the facility designated to receive the waste, enter company name, address, US EPA ID number, Illinois EPA 9,10,G,H. ten digit facility code number, and telephone number where an authorized agent of the receiving facility may be reached.
- 11. Enter the US DOT Proper Shipping Name, Hazard Class, and ID number (NA/UN number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as Hazardous Materials by DOT, enter a description of the waste and the generic name of the waste, plus the phrase "not hazardous by DOT."
- 12. Enter the number of containers for each waste and the appropriate abbreviations for the type of container: DM =

Metal boxes or roll-offs CM =

Metal drums DW = Wooden drums CW = Wooden boxes

CF =Fiberboard or plastic bags DF =Fiberboard or plastic drums

BA =CY =Burlap, cloth, paper or plastic bags Cylinders DT =Dump trucks TT = Tank trucks TP =Tanks portable TC = Tank cars

- 13. Enter the total quantity (gallons or cubic yards) of each waste.
- 14. Enter G if quantity is in gallons or Y if quantity is in cubic yards. No other unit is to be used. To track weight if desired, Winds and the first factor enter pounds, tons or kilograms in Section J.
- Enter the EPA 4 digit Hazardous Waste Number: if waste is a mixture of listed and characteristic wastes, the listed waste I. must be entered - other numbers should be listed in Section J. For nonhazardous special wastes, enter Class A. Enter the Illinois EPA six digit waste stream permit (authorization) number for the waste stream (these numbers are specific for each waste stream and companies, and are obtained from the receiving facility) (leave blank for waste going out of Illinois).
- J.K. If needed, enter additional description or information/instructions for the material listed in item 11.
- 15. If needed, indicate special transportation, treatment, storage, or disposal information, or Bill of Lading information. For international shipments, generators must enter the point of departure (City and State) for shipments destined for treatment storage, or disposal outside the jurisdiction of the United States in this space.
- 16. The generator must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to highway is used, enter the appropriate additional mode.

GENERATOR: RETAIN COPY 6 AND MAIL COPY 5 TO IEPA WITHIN 2 DAYS OF THE SHIPMENT

INSTRUCTIONS TO TRANSPORTER: 17.18. The person accepting the waste on behalf of the transporter must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt. UPON DELIVERY OF WASTE TO FACILITY, retain copy 4 and leave remaining copies with the facility owner/operator.

INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES:

- 19. The authorized representative of the designated (or alternate) facility's owner or operator must note in Item 19 any significant discrepancy (as defined in 35 Ill. Adm. Code 725.172) between the waste described on the Manifest and the waste actually received at the facility. Reference the discrepancy by line A, B, C, or D.
- 20. Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste by signing and entering the date of receipt.

Retain copy 3, send copy 1 to the generator, and send copy 2 to Illinois EPA (within 30 days of the delivery).

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden to: Chief, Information Policy Branch, PM-223, U. S. Environmental Protection Agency, 401 M Street SW. Washington, DC 20480; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

4	U	NIFORM HAZARDOUS WASTE MANIFEST	21. Generator's US EPA ID No. Manifest		Manifest Docu	nifest Document No.		22. Page Information in the shaded areas is not required by Federal					
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	USEPA Region V												
USEPA Region V 77 W JACKSON HSE-53 CHICALS, IL 60604 24. Transporter 3' Company Name DART TRUKING COMPANY THE OHD 809865825 CHICALS, IL 60604 25. USEPA ID Number N. State Transporter's ID O. Transporter's Phone 26. Transporter Company Name 27. USEPA ID Number P. State Transporter's ID													
	24.	Transporter 3 Company Nam	er	N. State Transporter's ID									
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ENVIROSAFE SERVICES OF IDAHO, INC. P.O. BOX 16217
BOISE, IDAHO 83715-6217
EPA ID: IDD073114654

04/10/95

USEPA/SAUGET LANDFILL ST. CLAIR COUNTY

SAUGET IL

CERTIFICATE OF DISPOSAL

THE FOLLOWING WASTE RECEIVED ON UNIFORM HAZARDOUS WASTE MANIFEST NO. 001 / IL6566730 WAS DISPOSED BY LANDFILLING IN AN APPROVED TSCA LANDFILL BY ENVIROSAFE SERVICES OF IDAHO, INC., EPA ID# IDD073114654, ON THE FOLLOWING DATES:

MATERIAL

DATE DISPOSED

MANIFEST ITEM

1 PCB BULK SOLID-REGULAR

04/05/95

001

UNDER CIVIL AND CRIMINAL PENALITIES OF LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS [18 U.S.C. 1001 AND 15 U.S.C 2615], I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. AS TO THE IDENTIFIED SECTION(S) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY RESPONSIBILTY FOR THE PERSONS WHO, ACTING UNDER MY DIRECT INSTRUCTIONS, MADE THE VERIFICATION THAT THIS INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME: LYNN LAWSON

SIGNATURE

TITLE: RECEIVING SUPERVISOR

REFERENCE NO: 95095002

BROKER: RIEDEL/SMITH ENVIRONMENTAL SERVICES